

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **LARRY P. PUTNAM, M.D.**

4 Holder of License No. 9233  
5 For the Practice of Allopathic Medicine  
6 In the State of Arizona.

Board Case No. MD-06-0318A

**FINDINGS OF FACT,  
CONCLUSIONS OF LAW AND ORDER**

(Letter of Reprimand and Probation)

7 The Arizona Medical Board ("Board") considered this matter at its public meeting on  
8 February 8, 2007. Larry P. Putnam, M.D., ("Respondent") appeared before the Board with legal  
9 counsel Dan Cavett for a formal interview pursuant to the authority vested in the Board by A.R.S.  
10 § 32-1451(H). The Board voted to issue the following Findings of Fact, Conclusions of Law and  
11 Order after due consideration of the facts and law applicable to this matter.

12 **FINDINGS OF FACT**

13 1. The Board is the duly constituted authority for the regulation and control of the  
14 practice of allopathic medicine in the State of Arizona.

15 2. Respondent is the holder of License No. 9233 for the practice of allopathic  
16 medicine in the State of Arizona.

17 3. The Board initiated case number MD-06-0318A after a pharmacy filed a complaint  
18 on February 6, 2006 that Respondent had called in a prescription for a fifty-nine year-old female  
19 patient ("DS") and attempted to pick up the prescription himself. On April 17, 2006, while the  
20 investigation of the prescription written to DS was pending, the pharmacy again contacted the  
21 Board to report Respondent attempted to refill a prescription for Ambien written on December 5,  
22 2005 by another physician for Respondent's mother ("RP") and that Respondent received 180  
23 Ambien on December 6, 2005 from a prescription dated that same day.

24 4. DS saw Respondent on December 15, 2005 complaining of pain in the back  
25 radiating down to the left hip. Later, DS listed her chief complaint as right hip pain of gradual

1 onset. Respondent's examination consisted of vital signs and a mental status check. Respondent  
2 did not order x-rays and there is no documented examination of the area of pain and no  
3 discussion about any of the medications listed on DS's medication list. Respondent prescribed  
4 Celebrex and Ambien. This is the only office visit Respondent recorded for DS. The medication  
5 list in DS's chart indicates Respondent called in prescriptions to two different pharmacies on  
6 several occasions for various medications, including Ambien, Zyrtec, Lunesta, Flonase, Estradiol,  
7 Medrol, Valtrex, Zovirax, ceplalexin, Hydrocodone, and Fluxetine. There is no note on the  
8 medication list of the prescription the pharmacy reported on February 6, 2006.

9       5. A pharmacy survey revealed Respondent had been prescribing medications to DS  
10 from June 29, 2000 to April 10, 2006, including Alprazolam, various allergy medications, inhalers,  
11 Ambien, Lunesta, Sonata, Toprol XL, Cartia, Prempro, Vicoprofen, Neurontin, Prozac,  
12 Promethazine, Zithromax, Levitra, and Cialis. When contacted by Board Staff, DS could not  
13 recall the December 15, 2005 office visit, but said Respondent treated her from 1992 to 2000 for  
14 a hand injury requiring a nerve block. DS had a previous hysterectomy and Respondent did not  
15 perform a physical examination prior to prescribing. DS stated she picked up the Ambien  
16 prescriptions and did not give pills from the prescription to Respondent. However, in a  
17 subsequent interview, DS admitted Respondent picked up the prescription reported to the Board  
18 on February 6, 2006. Despite the repeated prescribing, Respondent's medical record for DS  
19 contains only the December 15, 2005 office visit and contains no examinations other than the  
20 vital signs and a comment that DS is alert and oriented times three. There are no recurring office  
21 visits documented, no histories with physical examinations, and no recurring assessments or  
22 treatment plans. From June to December 2005 Respondent prescribed 360 tablets of Ambien to  
23 DS – exceeding the recommended dose and frequency for Ambien, which is one tablet at  
24 bedtime.

1           6.     On April 20, 2006 the Board issued an Interim Order for Inpatient Evaluation and  
2 Treatment after numerous attempts to contact Respondent had failed and the Board was  
3 informed Respondent was hospitalized. Respondent was subsequently transferred to the  
4 Veteran's Administration ("VA") Hospital for detoxification and treatment for post-traumatic stress  
5 disorder. During this period of time, Respondent and the Board executed an Interim Consent  
6 Agreement for Practice Restriction.<sup>1</sup> During his treatment, Respondent was diagnosed with  
7 Ambien dependence. During an interview with Board Staff Respondent admitted he prescribed  
8 Ambien to DS and RP, but used the medication himself. Respondent admitted he self-medicated  
9 with Ambien following three tours of duty in Iraq to help him deal with post-traumatic stress  
10 disorder and aid him in sleeping. Respondent entered into the Board's Monitored Aftercare  
11 Program ("MAP") under an Interim Consent Agreement on June 15, 2006. To date, Respondent  
12 has been compliant with all requirements of MAP.

13           7.     Respondent was deeply embarrassed and humiliated to be sitting before the Board.  
14 Before this matter, Respondent practiced medicine in Arizona for thirty-one years with a  
15 completely clean record and had no lawsuits or disciplinary problems. Respondent made no  
16 excuses for his conduct and accepted full responsibility for his actions. Respondent's inpatient  
17 treatment was an absolutely profound, life-changing and positive experience for him. Respondent  
18 has been participating in MAP for over six months and has been compliant. Respondent chairs  
19 an AA meeting at a homeless VA facility and rotates as Chairman of a meeting at the County Jail.  
20 Respondent did not dispute the allegations against him and presented for the formal interview to  
21 answer the Board's questions and assure them he was ready to return to practice.

22           8.     Respondent did not divert any medications to himself other than the Ambien.  
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25 <sup>1</sup> At the conclusion of the formal interview the Board and Respondent entered into an Amended Interim  
Consent Agreement for Practice Restriction allowing Respondent's return to practice with certain  
conditions.

1 During the time Respondent was diverting the Ambien there was no issue with his professional  
2 performance, no hospital had ever taken any action against him, and he had never taken  
3 medications from the hospital setting. Respondent is in group practice with thirty-five partners. In  
4 his thirty-one years of practice Respondent never used, abused, or diverted any drug in the  
5 anesthesia kit or domain. Ambien is not found in an anesthesia facility.

6 9. Respondent served in the Air Force at the end of the Vietnam War, and when he  
7 completed his tour of duty, kept his reserve commission. Respondent was called up for duty  
8 during the Gulf War and was again called up when the war in Iraq started. Respondent's mission  
9 consisted of flying out of Ramstein, Germany into Baghdad. The flights were flown at night for  
10 safety and had fighter escorts. Respondent, one critical care nurse, and one respiratory therapist  
11 were on board and their mission was to bring the wounded back to either Bethesda Medical  
12 Center or Walter Reed Army Medical Center. The flights were non-stop and, on arriving in the  
13 United States, the flights returned to Germany. During these flights, Respondent and the other  
14 crew were given Ambien by the flight surgeons so they could sleep. Respondent then developed  
15 a need for Ambien to sleep. In 2005 Respondent returned to Iraq and flew 138 missions.  
16 Respondent retired from the military in May 2006 after thirty-four years of service.

17 10. The Board commended Respondent's military service and his taking care of those  
18 wounded in service to the United States.

19 11. There have been no complaints of misconduct by Respondent during a procedure  
20 and no complaints have been filed regarding his practice.

21 12. The standard of care requires a physician to examine a patient at least yearly when  
22 prescribing and renewing medications; to not prescribe in excess of the recommended dosage of  
23 Ambien; and to not prescribe Levitra and Cialis to a female patient.

13. Respondent deviated from the standard of care because he failed to examine DS yearly while prescribing numerous medications to her; because he prescribed in excess of the recommended dose of Ambien; and because he prescribed Levitra and Cialis to a female patient.

14. DS was at risk for receiving medications no longer needed or medications that were not adjusted despite the need and for the side effects of medications not indicated.

15. A physician is required to maintain adequate medical records. An adequate medical record means a legible record containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment. A.R.S. § 32-1401(2). Respondent's records do not meet this standard.

## CONCLUSIONS OF LAW

1. The Arizona Medical Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The Board has received substantial evidence supporting the Findings of Fact described above and said findings constitute unprofessional conduct or other grounds for the Board to take disciplinary action.

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1401(27)(e) (“[f]ailing or refusing to maintain adequate records on a patient”); A.R.S. § 32-1401(27)(f) (“[h]abitual intemperance in the use of alcohol or habitual substance abuse”); A.R.S. § 32-1401(27)(g) (“[u]sing controlled substances except if prescribed by another physician for use during a prescribed course of treatment”); A.R.S. § 32-1401(27)(j) (“[p]rescribing, dispensing or administering any controlled substance or prescription-only drug for other than accepted therapeutic purposes”); A.R.S. § 32-1401(27)(q) (“[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public”); and A.R.S.

§ 32-1401(27)(ss) ("prescribing, dispensing or furnishing a prescription medication or a prescription-only device as defined in section 32-1901 to a person unless the licensee first conducts a physical examination of that person or has previously established a doctor-patient relationship. . . .[exceptions omitted].").

#### **ORDER**

Based upon the foregoing Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED:

1. Respondent is issued a Letter of Reprimand for habitual intemperance, inappropriate prescribing, and failing to maintain adequate medical records.

2. Respondent is placed on probation for five years<sup>2</sup> with the following terms and conditions:

a. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all conditions of probation. The declarations shall be submitted on or before the 15th of March, June, September and December of each year, beginning on or before September 2007.

b.1. **Participation.** Respondent shall promptly enroll in and participate in the Board's program for the treatment and rehabilitation of physicians who are impaired by alcohol or drug abuse ("MAP"). Respondent's participation in MAP may be unilaterally terminated with or without cause at the Board's discretion at any time after the issuance of this Order.

2. **Relapse Prevention Group.** Respondent shall attend MAP's relapse prevention group therapy sessions one time per week for the duration of this Order, unless excused by the MAP relapse prevention group facilitator for good cause such as illness or vacation. Respondent shall instruct the MAP relapse prevention group facilitators to release to Board Staff, upon request,

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<sup>2</sup> In calculating the term of probation Respondent shall be given credit for the time he has spent in MAP under the Interim Consent Agreement for MAP Participation.

1 all records relating to Respondent's treatment, and to submit monthly reports to Board Staff  
2 regarding attendance and progress. The reports shall be submitted on or before the 10th day of  
3 each month.

4       **3.     12 Step or Self-Help Group Meetings.** Respondent shall attend ninety 12-step  
5 meetings or other self-help group meetings appropriate for substance abuse and approved by  
6 Board Staff, for a period of ninety days beginning not later than either (a) the first day following  
7 Respondent's discharge from chemical dependency treatment or (b) the date of this Order.

8       **4.** Following completion of the ninety meetings in ninety days, Respondent shall  
9 participate in a 12-step recovery program or other self-help program appropriate for substance  
10 abuse as recommended by the MAP Director and approved by Board Staff. Respondent shall  
11 attend a minimum of three 12-step or other self-help program meetings per week for a total of  
12 twelve per month. Two of the twelve meetings must be Caduceus meetings. Respondent must  
13 maintain a log of all self-help meetings. Board Staff will provide the log to Respondent.

14       **5.     Board-Staff Approved Primary Care Physician.** Respondent shall promptly  
15 obtain a primary care physician and shall submit the name of the physician to Board Staff in writing  
16 for approval. The Board-approved primary care physician ("PCP") shall be in charge of providing  
17 and coordinating Respondent's medical care and treatment. Except in an *Emergency*, Respondent  
18 shall obtain medical care and treatment only from the PCP and from health care providers to whom  
19 the PCP refers Respondent. Respondent shall request that the PCP document all referrals in the  
20 medical record. Respondent shall promptly inform the PCP of Respondent's rehabilitation efforts  
21 and provide a copy of this Order the PCP. Respondent shall also inform all other health care  
22 providers who provide medical care or treatment that Respondent is participating in MAP.

23               a.     "*Emergency*" means a serious accident or sudden illness that, if not treated  
24 immediately, may result in a long-term medical problem or loss of life.

25       **6.     Medication.** Except in an *Emergency*, Respondent shall take no *Medication* unless

1 the PCP or other health care provider to whom the PCP refers Respondent prescribes the  
2 *Medication*. Respondent shall not self-prescribe any *Medication*.

3 a. "*Medication*" means a prescription-only drug, controlled substance, and  
4 over-the counter preparation, other than plain aspirin, plain ibuprofen, and plain  
5 acetaminophen.

6 7. If a controlled substance is prescribed, dispensed, or is administered to Respondent  
7 by any person other than PCP, Respondent shall notify the PCP in writing within 48 hours and  
8 notify the MAP Director immediately. The notification shall contain all information required for the  
9 medication log entry specified in paragraph 8. Respondent shall request that the notification be  
10 made a part of the medical record. This paragraph does not authorize Respondent to take any  
11 *Medication* other than in accordance with paragraph 6.

12 8. **Medication Log**. Respondent shall maintain a current legible log of all *Medication*  
13 taken by or administered to Respondent, and shall make the log available to the Board Staff upon  
14 request. For *Medication* (other than controlled substances) taken on an on-going basis,  
15 Respondent may comply with this paragraph by logging the first and last administration of the  
16 *Medication* and all changes in dosage or frequency. The log, at a minimum, shall include the  
17 following:

- 18 a. Name and dosage of *Medication* taken or administered;  
19 b. Date taken or administered;  
20 c. Name of prescribing or administering physician;  
21 d. Reason *Medication* was prescribed or administered.

22 This paragraph does not authorize Respondent to take any *Medication* other than in accordance  
23 with paragraph 6.

24 9. **No Alcohol or Poppy Seeds**. Respondent shall not consume alcohol or any food  
25 or other substance containing poppy seeds or alcohol.



1           **10. Biological Fluid Collection.** During all times that Respondent is physically present  
2 in the State of Arizona and such other times as Board Staff may direct, Respondent shall promptly  
3 comply with requests from Board Staff or MAP Director to submit to witnessed biological fluid  
4 collection. If Respondent is directed to contact an automated telephone message system to  
5 determine when to provide a specimen, Respondent shall do so within the hours specified by  
6 Board Staff. For the purposes of this paragraph, in the case of an in-person request, "promptly  
7 comply" means "immediately." In the case of a telephonic request, "promptly comply" means that,  
8 except for good cause shown, Respondent shall appear and submit to specimen collection not  
9 later than two hours after telephonic notice to appear is given. The Board in its sole discretion  
10 shall determine good cause.

11           **11.** Respondent shall provide Board Staff in writing with one telephone number that  
12 shall be used to contact Respondent on a 24 hour per day/seven day per week basis to submit to  
13 biological fluid collection. For the purposes of this section, telephonic notice shall be deemed  
14 given at the time a message to appear is left at the contact telephone number provided by  
15 Respondent. Respondent authorizes any person or organization conducting tests on the collected  
16 samples to provide testing results to the Board and the MAP Director.

17           **12.** Respondent shall cooperate with collection site personnel regarding biological fluid  
18 collection. Repeated complaints from collection site personnel regarding Respondent's lack of  
19 cooperation regarding collection may be grounds for termination from MAP.

20           **13. Out of State Travel and/or Unavailability at Home or Office Telephone Number.**

21           Respondent shall provide Board Staff at least three business days advance written notice  
22 of any plans to be away from office or home when such absence would prohibit Respondent from  
23 responding to an order to provide a biological fluid specimen or from responding to  
24 communications from the Board. The notice shall state the reason for the intended absence from  
25 home or office, and shall provide a telephone number that may be used to contact Respondent.

1           **14.   Payment for Services.**   Respondent shall pay for all costs, including  
2 personnel and contractor costs, associated with participating in MAP at the time service is  
3 rendered, or within 30 days of each invoice sent to Respondent.

4           **15.   Examination.**   Respondent shall submit to mental, physical, and medical  
5 competency examinations at such times and under such conditions as directed by the Board to  
6 assist the Board in monitoring Respondent's ability to safely perform as a physician and  
7 Respondent's compliance with the terms of this Order.

8           **16.   Treatment.**   Respondent shall submit to all medical, substance abuse, and mental  
9 health care and treatment ordered by the Board.

10           **17.   Obey All Laws.**   Respondent shall obey all federal, state and local laws, and all  
11 rules governing the practice of medicine in the State of Arizona.

12           **18.   Interviews.**   Respondent shall appear in person before the Board and its Staff and  
13 MAP committees for interviews upon request, upon reasonable notice.

14           **19.   Address and Phone Changes, Notice.**   Respondent shall immediately notify the  
15 Board in writing of any change in office or home addresses and telephone numbers.

16           **20.   Relapse, Violation.**   In the event of chemical dependency relapse by Respondent  
17 or Respondent's use of drugs or alcohol in violation of the Order, Respondent shall promptly enter  
18 into an Interim Consent Agreement for Practice Restriction that requires, among other things, that  
19 Respondent not practice medicine until further Order of the Board. Respondent may also be  
20 required to successfully complete long-term inpatient or residential treatment program for chemical  
21 dependency designated by Board Staff and obtain affirmative approval from the Board or the  
22 Executive Director to return to the practice of medicine. Prior to approving Respondent's request  
23 to return to the practice of medicine, Respondent may be required to submit to witnessed biological  
24 fluid collection, undergo any combination of physical examination, psychiatric or psychological  
25 evaluation and/or successfully pass the special purpose licensing examination or the Board may

1 conduct interviews for the purpose of assisting it in determining the ability of Respondent to safely  
2 return to the practice of medicine. **In no respect shall the terms of this paragraph restrict the**  
3 **Board's authority to initiate and take disciplinary action for violation of this Order.**

4 **21. Notice Requirements.**

5 (A) Respondent shall immediately provide a copy of this Order to all employers and  
6 all hospitals and free standing surgery centers where Respondent currently has privileges. Within  
7 30 days of the date of this Order, Respondent shall provide the Board with a signed statement of  
8 compliance with this notification requirement. Upon any change in employer or upon the granting  
9 of privileges at additional hospitals and free standing surgery centers, Respondent shall provide  
10 the employer, hospital or free standing surgery center with a copy of this Order. Within 30 days of  
11 a change in employer or upon the granting of privileges at additional hospitals and free standing  
12 surgery centers, Respondent shall provide the Board with a signed statement of compliance with  
13 this notification requirement.

14 (B) Respondent is further required to notify, in writing, all employers, hospitals and  
15 free standing surgery centers where Respondent currently has or in the future gains employment  
16 or privileges, of a chemical dependency relapse, use of drugs or alcohol in violation of this Order  
17 and/or entry into a treatment program. Within seven days of any of these events Respondent shall  
18 provide the Board written confirmation of compliance with this notification requirement.

19 **22. Public Record.** This Order is a public record.

20 **23. Out-of-State.** In the event Respondent resides or practices as a physician in a  
21 state other than Arizona, Respondent shall participate in the rehabilitation program sponsored by  
22 that state's medical licensing authority or medical society. Respondent shall cause the  
23 monitoring state's program to provide written reports to the Board regarding Respondent's  
24 attendance, participation, and monitoring. The reports shall be due quarterly on or before the  
25 15th day of March, June, September, and December of each year, until the Board terminates this

1 requirement in writing. The monitoring state's program and Respondent shall immediately notify  
2 the Board if Respondent: a) is non-compliant with any aspect of the monitoring requirements; b)  
3 relapses; c) tests positive for controlled substances; d) has low specific gravity urine drug test(s),  
4 missed and/or late urine drug tests, or otherwise rejected urine drug tests; and e) is required to  
5 undergo any additional treatment.

6       **24.** This Order supersedes all previous consent agreements and stipulations between  
7 the Board and/or the Executive Director and Respondent.<sup>3</sup>

8       **25.** The Board retains jurisdiction and may initiate new action based upon any violation  
9 of this Order.

10       **26.** Respondent shall immediately obtain a treating psychiatrist approved by Board  
11 Staff and shall remain in treatment with the psychiatrist until further order of the Executive  
12 Director. Respondent shall instruct the psychiatrist to release to Board Staff, upon request, all  
13 records relating to Respondent's treatment, and to submit quarterly written reports to Board Staff  
14 regarding diagnosis, prognosis, medications, and recommendations for continuing care and  
15 treatment of Respondent. The reports shall be submitted on or before the 15th day of March,  
16 June, September and December of each year, beginning on or before September 2007, 2007.

17                   **RIGHT TO PETITION FOR REHEARING OR REVIEW**

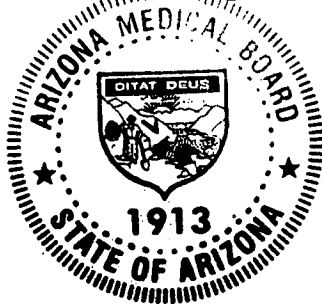
18       Respondent is hereby notified that he has the right to petition for a rehearing or review.  
19 The petition for rehearing or review must be filed with the Board's Executive Director within thirty  
20 (30) days after service of this Order. A.R.S. § 41-1092.09(B). The petition for rehearing or review  
21 must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R4-16-103.  
22 Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a  
23  
24

25       <sup>3</sup> This Order does not supersede the Amended Interim Consent for Practice Restriction, which will not end  
before its stated six month term.

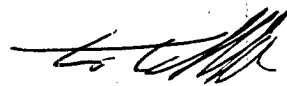
1 petition for rehearing or review is not filed, the Board's Order becomes effective thirty-five (35)  
2 days after it is mailed to Respondent.

3 Respondent is further notified that the filing of a motion for rehearing or review is required  
4 to preserve any rights of appeal to the Superior Court.

5 DATED this 13<sup>th</sup> day of April 2007.



THE ARIZONA MEDICAL BOARD

By   
TIMOTHY C. MILLER, J.D.  
Executive Director

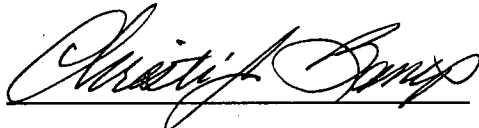
10 ORIGINAL of the foregoing filed this  
11 13<sup>th</sup> day of April, 2007 with:

12 Arizona Medical Board  
13 9545 East Doubletree Ranch Road  
14 Scottsdale, Arizona 85258

14 Executed copy of the foregoing  
15 mailed by U.S. Mail this  
16 13<sup>th</sup> day of April, 2007, to:

16 Dan Cavett  
17 Cavett & Fulton, PC  
18 6035 East Grant Road  
19 Tucson, Arizona 85712-2317

18 Larry P. Putnam, M.D.  
19 Address of Record

20   
21